

Confirmed
JB

✓

12/9/2025 1:38:10 PM

WORK ORDER

Andrew Moreland

112 Paul Drive
Epworth, GA 30541
(706) 455-5396

Customer #: 205041
Order #: 433363
Location #: 280951
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 12/10 - Final hook up. Lines are ran to pool heater - needs hooked up and regulator. Lines are stubbed out to house - needs hooked up and regulator. Complete safety inspection. Stove already converted by Kenneth. House will be unlocked. Call Kenneth Gaddis 770-362-3774. Email invoice and receipt to kennethgaddis2010@yahoo.com. Use Kenneth CCOF on 25554 (or he will update different card before service)

Date Ordered: 12/9/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 12/3/2025	Last Tune Up:
Contract:	SC Renewal:	
Manufact:	Model:	
Notes:		
Instructions:		

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **205041**
 Name: **ANDREW MORELAND**
 Address: **112 PAUL DRIVE**
EPWORTH, GA 30541

Date: **12/10/25**
 Instructions: **FINAL H/U. LINES DONE TO POOLHEATER. NEEDS H/U AND REG. LINE STUBBED TO HOUSE. H/U AND REG. SAFETY INSP. STOVE ALREADY CONVERTED.**
 Order #: **433363 CALL: 770-362-3774 CCOF ACCT#**

Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the **25554** date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover **?/JB** future or unforeseen happenings.

Appliance Check:

Appliance	Manufacturer	Model #	Serial #	Burner/Combustion Chamber	Manual Shutoff	Sediment Trap	Pilot Safety System	Electronic Ignition System	Venting System	Combustion Air	Taken Out of Service
RANGE	CAFE	CIG3700P3M501	5A925210P	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No
W/H	NAVIGN	NPE 240A	2087024913	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LOSSET	MONNISON	B2F42	136137122	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOSSET	EMPIRE	ONR 24P	2540P4454	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No
POOL PTT	JANIDY	JXL400P	0503912406	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	M2511380	GOOD	TRIARC	2025	U/A	GOOD

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Reso	3403 TR	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	3403 B4	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.6	12.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Customer Acknowledgment:

- I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- I have smelled propane gas and can detect its odor.
- I have been told to consider installing one or more gas detectors.
- I have received safety information and told to read it and share it with all family members.
- I am satisfied with the service work performed.

Service Technician (Print) BRIAN BRADLEY	Service Technician (Signature) 	Date 10 DEC 25
Customer (Print) CNAFS	Customer (Signature) 	Date



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**RINNAI
WORK ORDER**

Customer Acct #: 205041
 Name **ANDREW MORELAND**
 Address **112 PAUL DR**
EPWORTH GA 30541

Date: 12-3-25
 Instructions: **DROP 500UG W/50G @ 2.599 ONE ANODE BAG. 706-455-5396 EMAIL INCOLVE SM/CT**
 Order #: 430945

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial

Start Pressure End Pressure Time Held System OK

% in Tank

AMOUNT REC'D

\$
 CASH CHECK # _____
 CREDIT CARD
 # _____
 EXP. DATE _____

- * I have received the Consumer Safety information & material.
- * I am satisfied with the work performed
- * Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
- * Signing agrees to _____ year contract for discount.

CUSTOMER SIGNATURE

Retail Price		Contract Price	
_____ Rinnai	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	
Tank Set		New Cust Special	
L.P. Gas /Gal	2.999	L.P. Gas /Gal	2.599
Gallons	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	129.95
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			FREE
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			487.33
<i>Safe Appliance Rebate</i>			250.00
TOTAL BALANCE DUE			